

Reporting to Adult Protective Services (APS)

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January 2016

PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov 1



Objectives for Today

- Know who is a Vulnerable Adult
- Know who is a Mandatory Reporter
- Know what APS investigates
- Know how to make a report and what to expect afterwards

Today's Speaker

Jackie Heinselman, MAC

Adult Protective Services Program Manager

Home and Community Services

Aging and Long Term Support Administration

Department of Social and Health Services

RCW 74.34

In 1984 the Washington State Legislature passed the Abuse of Vulnerable Adults law, RCW 74.34

The law addresses the reporting and investigation of abuse, abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults and, if allegations are substantiated, protective services.

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Washington state encourages all citizens to report. The law allows everyone in WA to report vulnerable adult abuse labeling those who report as “mandatory” and “permissive.”

Who is a Vulnerable Adult?

- [Chapter 74.34 RCW](#) and [WAC 388-71-0100](#) provide definitions that apply to the APS program.

A **vulnerable adult** is defined in RCW 74.34 as:

- Individuals 60 years of age or older who have the functional, mental, or physical inability to care for themselves; and

Who is a Vulnerable Adult?

Adults over age 18 who:

- Have a guardian appointed through superior court as per [chapter 11.88 RCW](#); or
- Have a **developmental disability** as defined in [RCW 71A.10.020](#), such as intellectual disability, cerebral palsy, epilepsy, autism, or a condition similar to intellectual disability which originated prior to age eighteen; or

Who is a Vulnerable Adult?

- Live in a facility licensed by DSHS (e.g., adult family home, boarding home, nursing home, soldier's home, residential habilitation center, children's foster home); or
- Receive services from an individual provider as defined in [RCW 74.34.020](#); or

Who is a Vulnerable Adult?

- Receive in-home services through a licensed health, hospice, or home care agency; or
- Self-direct their own care to a personal care aide who performs that care for compensation ([RCW 74.34.021](#)).

Who Must Report?



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Mandated vs. permissive

Mandated Reporters

By law, those professionals mandated to report suspected **Abuse, Abandonment, Neglect, Exploitation of Person or Financial Exploitation** of vulnerable adults are: DSHS employees; individual providers contracted to provide services to a DSHS client; county coroners or medical examiners; employees of a facility licensed by DSHS, including:

Mandated Reporters

- Adult family homes, nursing homes, residential habilitation centers, and soldiers' homes; social workers; health care providers as defined in RCW 18.130, such as a doctor or nurse; Christian Science practitioners;
- Employees of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; law enforcement officers; and professional school personnel.

Permissive Reporters

Persons who are not Mandatory Reporters are called Permissive Reporters and are encouraged to report. Permissive Reporters include:

- Any person (friend, neighbor, relative), including:
- Attorney
- Employee of bank

What Can APS Do?

APS receives and investigates reports of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation of vulnerable adults living in the community and in facilities.

What Can APS Do?

APS conducts investigations at no charge and without regard to the income of the alleged victim.

Some protective services may be provided without cost.

What Can APS Do?

The vulnerable adult or legal representative must give written consent for protective services and may end the services at any time.

APS may pursue a protection order on a vulnerable adult's behalf without consent if the vulnerable adult lacks the ability or capacity to seek one on his/her own.

What Can APS Do?

- Determine the validity of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation from available information
- Determine current risk factors and supports for the vulnerable adult by assessing, as warranted: physical, functional and mental abilities, the conditions of the environment, support systems, and relationships
- Provide protective measures for a vulnerable adult alleged victim when necessary

APS Limitations

- APS services are voluntary.
- APS is not able to remove the alleged victim from his/her home without his/her permission, or detain the vulnerable adult due to capacity issues.
- APS does not assume placement or discharge responsibilities from the home, hospitals or facilities.

Types of Allegations



Risk Indicators

- Dependency of abuser on vulnerable adult
- Dependency of the vulnerable adult on the abuser
- Disturbed mental state of the abuser
- History of abuse
- Mental or physical frailty, disability or impairment of the vulnerable adult

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Common factors cited in past studies.

Allegations

- Self Neglect
- Abandonment
- Neglect
- Financial Exploitation
- Abuse: sexual, physical, mental, personal exploitation, improper use of restraints

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Mistreatments

Possible Self-Neglect Indicators

- Inability to manage finances
- Changes in mental functioning
- Cannot perform activities of daily living
- Not keeping medical appointments
- Poorly kept environment
- No food in the house
- Malnourished/dehydrated, weight loss
- Physical sores, poor hygiene, body odors

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“Self-neglect” means the failure of a vulnerable adult, not living in a facility, to provide for himself or herself the goods and services necessary for the vulnerable adult’s physical or mental health, and the absence of which impairs or threatens the vulnerable adult’s well-being. This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency or an individual provider when the neglect is not a result of inaction by that agency or individual provider.

Video

Lula's Story

<https://www.youtube.com/watch?v=cr7J64iqtz8>

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Medical College of Wisconsin and Milwaukee County Department on Aging

Possible Neglect Indicators

- Statements that neglect is occurring
- Poor hygiene
- Delays in or doesn't receive medical treatment
- Unusual weight gain or loss
- Hazardous, unclean, unsanitary living conditions
- Dehydration
- Hypothermia or hyperthermia
- Decubitus ulcers

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“Abandonment” means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter or health care.

“Neglect” means:

A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or

An act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under [RCW 9A.42.100](#).

Possible Financial Exploitation Indicators

- Statements that financial exploitation is occurring
- Bills not paid
- Signing documents without full understanding of consequences
- Possessions are disappearing from house
- Unexplained withdrawals from accounts
- Unauthorized ATM withdrawals
- Forged signatures
- Sudden change where mail is sent
- Missing checks

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“Financial exploitation” means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person’s or entity’s profit or advantage other than for the vulnerable adult’s profit or advantage.

“Financial exploitation” includes, but is not limited to:

The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;

The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale or transfer of the property, income, resources or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or

Obtaining or using a vulnerable adult’s property, income, resources, or trust funds without lawful authority, by a person or entity that knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

Joseph is 75 years old, lives in his own home, and privately pays a caregiver to assist him with personal care. Joseph had a stroke that left him with left side paralysis (no cognitive deficits). Joseph met Mary Lou, a 45-year-old woman, at one of the senior center's functions; they are now in love and planning to get married. Mary Lou has moved in with Joseph is paying for all of Mary Lou's expenses, including a new car and wardrobe. Joseph's children are outraged and insist that Mary Lou is financially exploiting Joseph.

Or

Mary is 80 years old, lives in her own home, and privately pays a caregiver, Tanya, to assist her with personal care. Mary has diabetes, difficulty walking and mild dementia. Mary was a well known painter and had an extensive collection of her work in the home. When Mary's son visited Mary one day, he noticed that several of the paintings were missing. When he questioned Tanya about the missing paintings, Tanya said that Mary had given her several paintings.

Possible Physical Abuse Indicators

- Statements that physical abuse is occurring
- Unexplained injuries, broken bones, bruises, burns, open wounds
- Lacerations, welts or black eyes
- Symmetrical grip marks
- Unexplained paranoia
- Depression, suicidal threats
- Sudden changes in behavior
- Apathy
- Signs of physical restraints
- Denial of problems (when other indicators are present)

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“Abuse” means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain or mental anguish.

“Physical abuse” means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to: striking with or without an object, slapping, pinching, choking, kicking, shoving or prodding. The abuse is presumed to cause physical harm, pain, or mental anguish.

“Improper use of restraint” means the inappropriate use of **chemical, physical, or mechanical** restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

Mechanical restraints may include: stuffing pillows next to a client in a recliner chair so that they can't get up or placing a chest of drawers next to a bed so that the client cannot get up

Possible Sexual Abuse Indicators

- Statements that sexual abuse is occurring
- Unexplained bleeding, wounds, or pain from orifices
- Bruising around genital areas
- Unexplained STD
- Painful urination or defecation
- Difficulty walking or sitting
- Pregnancy
- Inappropriate sexual behavior
- Repressive behaviors
- Fearful bathing
- Self-destructive behaviors

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“Sexual abuse” means any form of nonconsensual sexual conduct including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under [Chapter 71A.12 RCW](#), and a vulnerable adult living in that facility or receiving service from a program authorized under [Chapter 71A.12 RCW](#), whether or not it is consensual.

Possible Mental Abuse Indicators

- Statements that mental abuse is occurring
- Demonstration of excessive fear
- Withdrawal
- Low self-esteem
- Extreme passivity
- Unusual agitation
- Nervousness around certain people
- Excuses why cannot make phone calls
- Excuses why cannot leave the house
- Increased ambivalence
- Increased anxiety

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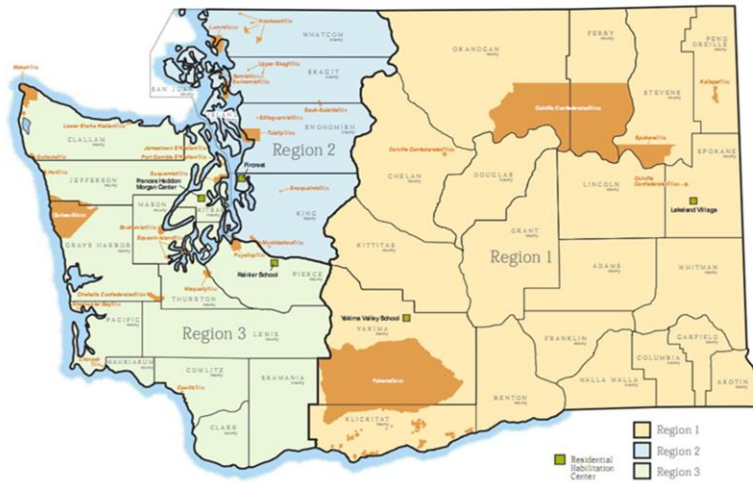
“Mental abuse” means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

The reporter called APS concerned that AV, who has an intellectual disability, has been mentally abused because the AV told the reporter that his father “had threatened to kill him.” There was an argument because the AV wanted to leave the house and go out. The AV has now stated he will not be returning home and will be moving into an AFH. In the meantime, AV will reside with a friend. AV told reporter he can be reached on his cell phone and not to contact his father who is looking for him.

“Personal Exploitation” means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another.

Where to Report

2011 DSHS Regional Map



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DSHS is divided into three regions across the state.

APS

- **Region 1** 1-800-459-0421
Email: R1APSIntake@dshs.wa.gov
- **Region 2** 1-866-221-4909
Email: R2HCSAPSIntake@dshs.wa.gov
- **Region 3** 360-664-9109
1-877-734-6277
Email: HCS-R3S-APSIntake@dshs.wa.gov

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Do not hesitate to contact an APS office. Let the APS intake specialist determine if a referral should be taken. During evening hours and weekends you may leave a recorded message which will be screened the following business day. If you suspect that a crime has been committed contact local law enforcement immediately.

No Wrong Door

Complaint Resolution Unit (CRU)

For reporting provider practice concerns

1-800-562-6078 (TTY) 1-800-737-7931

END HARM: 1-866-363-4276 (1-866-END-HARM)

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Reporting to DSHS- Children's and the Complaint Resolution Unit.

Licensed facilities include: nursing facilities, boarding homes or assisted living facilities, adult family homes or a state operated veterans' home.

Provider practice concerns could be:

- lack of staff training
- not enough staff on shift
- food issues: lacking nutrition or quantity
- utilities not paid
- residents sitting in front of TV all day, a lack of meaningful activities

When Should You Report?

When you have reasonable cause to believe that Abandonment, Abuse, Financial Exploitation, Exploitation of Person, or Neglect is occurring.

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“Reasonable cause to believe” means it is probable that an incident of abuse, abandonment, neglect, or financial exploitation happened. Probable means that, based on evidence or information readily obtained from various sources, it is likely the incident occurred.

“Reason to suspect” means it is possible that an incident of sexual or physical assault occurred. Possible means that, based on information readily obtained from various sources, the incident could have happened.

How Soon Must I Report?

Report immediately to DSHS if you have reasonable cause to believe that a vulnerable adult is being harmed.

You do not need proof of harm.

When to Call Law Enforcement

Immediately report suspected sexual and physical assault to both law enforcement and DSHS.

What to Include in Your Report

(Do not hesitate to report due to lack of information.
Often the department or Law Enforcement has details)

- What makes this person a vulnerable adult?
- What is the allegation? What has occurred?
- Name, birth date and Social Security # if known of Alleged Victim (AV).
- Address, telephone, contact information.
- Current Case Manager information.
- Alternate decision maker information.

What to Include, cont'd

- Name, address, and phone number of alleged perpetrator (AP).
- Other interested individuals (collateral persons).
- Any other information which will assist in investigation (safety issues, family dynamics, relevant history, work schedule).

What Happens After Your Report?

- APS Intake will determine if an investigation is warranted and assign the report to a APS Social Worker.
- Report of suspected criminal activity is made to law enforcement.
- AV, AP and collaterals are interviewed, risk factors are determined.
- Immediate protective services are offered, if needed.

What Happens, cont'd

- Determination made whether mistreatment occurred, based upon collected information.
- APS will make a finding of **Unsubstantiated**, **Inconclusive** or **Substantiated**.

Response Times

- Initial face-to face contact with the alleged victim will vary from 24 hours to 10 working days, depending on the allegation and the risk to the alleged victim.
- Duration of investigation depends on multiple factors and varies. There is no time limit on investigation length or AP Interview.

Reporting Protections

- **Immunity:** When making a report in good faith or testifying about the Abandonment, Abuse, Neglect, Financial Exploitation, Exploitation of person or Self-Neglect.
- **Confidentiality:** Identity of person making the report can remain confidential unless a report is made to law enforcement, or there is a judicial proceeding, or the reporter consents.

Summary

- Know if you are considered a mandatory reporter.
- Know who is considered a vulnerable adult.
- Stay alert to possible signs and symptoms of the different forms of abuse.

Summary

- If you think someone may be in danger or needs urgent help, call 911 immediately.
- Immediately report any suspected Abandonment, Abuse, Exploitation, and Neglect (including Self-Neglect) when you have reasonable cause to believe harm has occurred.
- If in doubt, call. APS Intake will be happy to discuss the circumstances with you.

Health Home Incident Report Form

HCA 22-813 (5/14)

Washington State Health Care Authority		Health Home Incident Report	
Care Coordination Organization			
Care coordinator	Care coordination organization	Qualified health home lead entity/MCO	
Date of incident	Time of incident	Location of incident	
Beneficiary involved in the incident (Name and Provider ID if available)		Date of birth	
Briefly describe the incident		Continue on the back if additional space is needed	
Did the incident result in injury?		Was first aid or medical attention required?	
If first aid or medical attention was required, who provided the treatment?		Office/hospital	
Names of witnesses and/or other individuals involved			
Care coordinator's signature		Date	
Supervising Organization (Qualified Lead or MCO)			
Name of supervisor to whom the incident was reported	Care coordination organization	Date	Time
List any planned actions including, but not limited to, training and policy initiatives.			
Supervisor's signature		Date	
What is an incident?			
In the context of this form, an "incident" is a negative event or occurrence which was not desired and/or anticipated, for which the care coordinator was present or came into contact, or was otherwise made aware of.			
Instructions			
After an incident, the care coordinator* must report the incident to their supervisor and complete the first portion of the Health Home Incident Report form. Send a copy of the partially completed and signed form through secure email to healthhomed@hca.wa.gov within one working day with Health Home Incident Report Final on the email subject line.			
After the supervising organization portion of the form has been completed and signed, send the form through secure email to healthhomed@hca.wa.gov with Health Home Incident Report Final on the email subject line.			
Copies of the fully completed form should be supplied to the health home care coordinator and maintained on file with care coordination organization and the qualified health home lead entity.			
The completion of this form does not replace any required reporting to Adult Protective Services, Child Protective Services, Residential Care Services Complaint Resolution Unit, Department of Health, law enforcement, and/or other mandatory reporting agencies. Report issues and report at: www.dhs.wa.gov/cpr/cpr.htm			
*Care coordinator, or other staff or volunteer, representing the care coordination organization or qualified health home lead entity.			

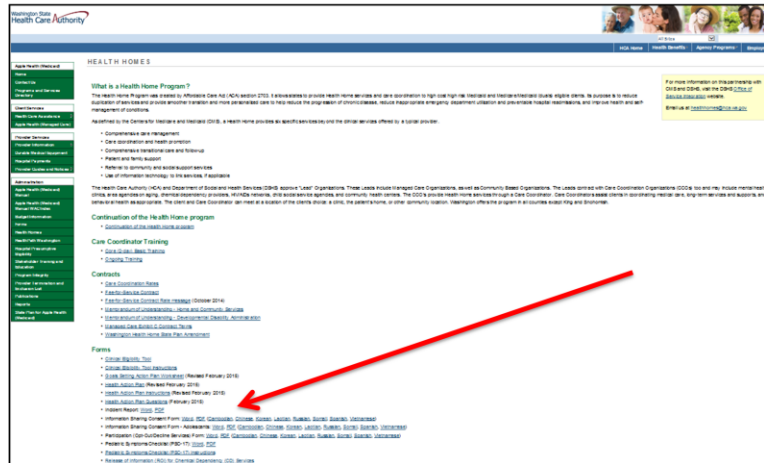
There is a Health Home Incident Report form. The instructions at the bottom of the page provide the procedure for reporting.

Whenever you suspect issue with your client discuss possible actions with your supervisor and determine a course of action:

- call APS intake; call CPS intake and/or call local law enforcement
- call the Complaint Resolution Unit and make a referral; and/or
- complete and submit the Incident Report form or other form required by your Lead Organization.
- The language in the Lead's contract varies so check with your Lead Organization to find out what is required by the contract and what the Leads policies, forms, and requirements are for reporting suspected abuse. Determine if you will use the HCA form or a form developed by your Lead Organization. Who does the Lead consider a mandated reporter? All of the contracts include a clause to report to the Health Care Authority within one business day that you become aware of an incident so your prompt attention is required. Talk to your supervisor immediately and determine a course of action. Document your actions in the client's narrative record.

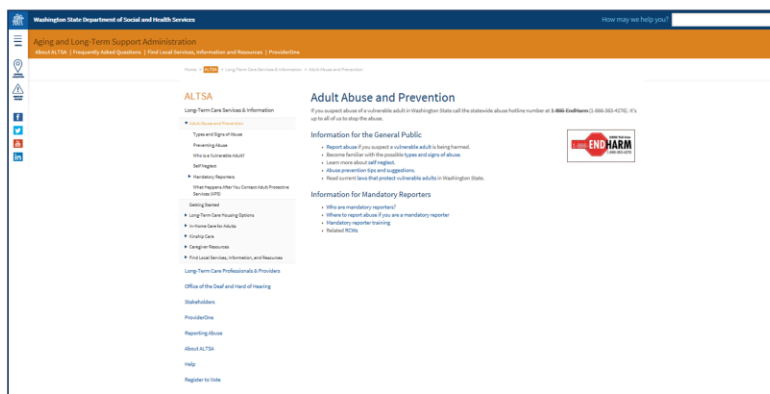
Health Care Authority Health Home Website

http://www.hca.wa.gov/medicaid/health_homes/Pages/index.aspx



The HCA Incident Report form is located on the Health Care Authority's Health Home website.

Resources for Vulnerable Adult Abuse and Neglect

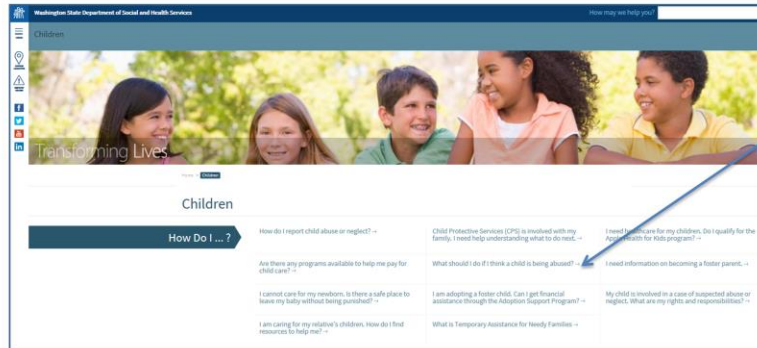


<https://www.dshs.wa.gov/alisa/home-and-community-services/adult-abuse-and-prevention>

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This is a screenshot of APS's website.

Resources for Child Abuse and Neglect



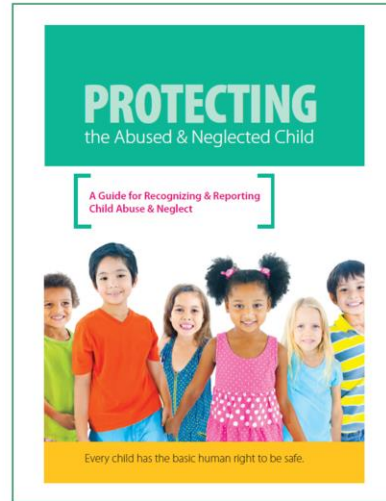
<https://www.dshs.wa.gov/children>

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We did not have time to cover child abuse, exploitation or neglect but this is the link to Children's Services if you would like information. Click on "What should I do if I think a child is being abused?" for information about reporting suspected abuse or neglect.

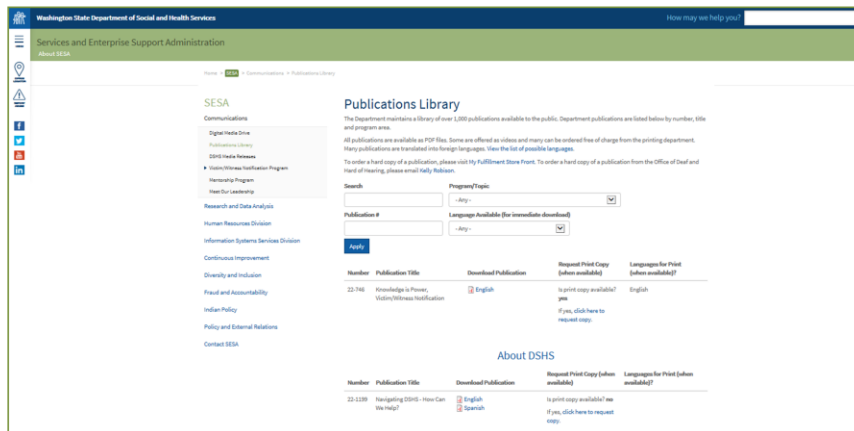
Resources for Child Abuse and Neglect

<https://www.dshs.wa.gov/sites/default/files/ESA/publications/documents/22-163.pdf>



This is the link to this 16 page booklet. It can be downloaded and printed and/or saved to your desktop.

DSHS Publications Website

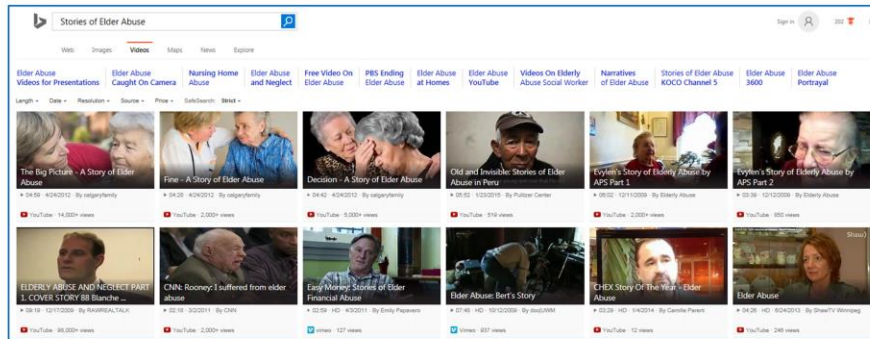


<https://www.dshs.wa.gov/sesa/publications-library>

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This is the website for DSHS publications. It is different than the website that offers DSHS forms such as the PSC-17 and HAP. Some publications are available for ordering and/or for downloading and printing. Not all publications are in print and can be ordered.

Videos about abuse



<http://www.bing.com/videos/search?q=Stories+of+Elder+Abuse&Form=VQFRVP%20-%20view=detail&mid=1392BCC8C2A232CDB0D01392BCC8C2A232CDB0D0>

Bing and YouTube offer a number of short videos on abuse, neglect, and exploitation.

Post Webinar Discussion Questions

Have you ever suspected abuse, neglect, abandonment or exploitation of a vulnerable adult? If so, what actions did you take?

What suggestions do you have for starting a conversation about abuse, exploitation or neglect with your client or their legal representative?

Have you ever suspected abuse that required a referral to local law enforcement?

Video

Martin's Story

<https://www.youtube.com/watch?v=o2Ui1SrOd4I>



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This video provides another example of possible neglect and exploitation of a vulnerable adult.

Certificate of Completion

Adult Protective Services and Mandated Reporting

presented by Jackie Heinselman, MAC
Aging and Long Term Support Administration - DSHS
Adult Protective Services Program Manager

***Webinar aired on: January 14, 2016 in Lacey, Washington
for Health Home Care Coordinators and Staff***

Training Credit of 1 Hour

Please sign and date to attest that you reviewed the PowerPoint for this webinar

Your Signature

Date

Supervisor's Signature

Date



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